

PTO/SB/06 (8-96)
jc921 U.S. PTO
09/707782
11/07/00

PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number 4447116-0001
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CLAIMS AS FILED - PART I				SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)							
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE			RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ _____	OR		\$ 710	
TOTAL CLAIMS (37 CFR 1.16(c))	62	minus 20 =	* 42	x \$ _____ =		OR	x \$ 18 =	756	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	12	minus 3 =	* 9	x _____ =		OR	x 80 =	720	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ _____ =		OR	+ 260 =	260	
				TOTAL		OR	TOTAL	2446	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)		(Column 3)							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE			RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR	x \$ _____ =		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR	x _____ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		OR	+ _____ =		
					TOTAL		OR	TOTAL			

(Column 1) (Column 2) (Column 3)					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE			RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR	x \$ _____ =		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR	x _____ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		OR	+ _____ =		
					TOTAL		OR	TOTAL			

(Column 1) (Column 2) (Column 3)					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE			RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =		OR	x \$ _____ =		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =		OR	x _____ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		OR	+ _____ =		
					TOTAL		OR	TOTAL			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	62 minus 20 =	* 42
INDEPENDENT CLAIMS	12 minus 3 =	* 9
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.